

is amending § 1310.09 to extend the temporary exemption until November 13, 1995.

The Deputy Assistant Administrator of the Office of Diversion Control, Drug Enforcement Administration hereby certifies that this interim rulemaking will have no significant impact upon entities whose interests must be considered under the Regulatory Flexibility Act, 5 U.S.C. 601 *et seq.* This interim rulemaking extends a temporary exemption from the registration requirements of the DCDCA.

This rule is not a significant regulatory action and therefore has not been reviewed by the Office of Management and Budget pursuant to Executive Order 12866.

This action has been analyzed in accordance with the principles and criteria in Executive Order 12612, and it has been determined that the interim rule does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

#### List of Subjects in 21 CFR Part 1310

Drug Traffic Control, Recordkeeping and Reporting Requirements, List I and List II chemicals.

For reasons set out above, Title 21, Code of Federal Regulations, part 1310 is amended as follows:

#### **PART 1310—[AMENDED]**

1. The authority citation for part 1310 continues to read as follows:

Authority: 21 U.S.C. 802, 830, 871(b)

Section 1310.09 is revised to read as follows:

##### **§ 1310.09 Temporary exemption from registration.**

Each person required by section 3(b) of the Domestic Chemical Diversion Control Act of 1993 (Pub. L. 103–200, effective April 16, 1994), to obtain a registration to manufacture, distribute, import, or export a list I chemical (other than those list I chemicals exempted under § 1310.01(f)(1)(iv)), is temporarily exempted from the registration requirement. The exemption will remain in effect for each person until the person has made proper application for registration and the Administration has approved or denied such application, provided that the application is submitted on or before November 13, 1995. This exemption applies only to registration; all other chemical control requirements set forth in the Domestic Chemical Diversion Control Act of 1993 and in parts 1310 and 1313 of this chapter remain in full force and effect.

Dated: October 5, 1995.

Gene R. Haislip,

*Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration.*

[FR Doc. 95–25249 Filed 10–11–95; 8:45 am]

BILLING CODE 4410–09–M

#### **UNITED STATES INFORMATION AGENCY**

##### **22 CFR Part 514**

[Rulemaking No. 115]

##### **Waiver of Two-Year Home-Country Physical Presence Requirement, Foreign Medical Graduates, Exchange Visitor Program**

**AGENCY:** United States Information Agency.

**ACTION:** Final rule.

**SUMMARY:** Section 220 of the Immigration and Nationality Technical Corrections Act of 1994 (Pub. L. 103–416) amended Section 212(e) of the Immigration and Nationality Act (8 U.S.C. 1182(e)) and added a new subsection (k) to section 214 of that Act (8 U.S.C. 1184) regarding waiver of the two-year foreign residence requirement as it applies to foreign medical graduates. An Interim Final Rule with request for comments was published in the Federal Register on April 3, 1995 (60 FR 16785). This final rulemaking amends the Exchange Visitor Program regulations to reflect those legislative changes.

**DATES:** This final rule is effective October 12, 1995.

**ADDRESSES:** United States Information Agency, Office of the General Counsel, Rulemaking 115, 301 Fourth Street, SW., Room 700, Washington, DC 20547–0001.

**FOR FURTHER INFORMATION CONTACT:** William G. Ohlhausen, Assistant General Counsel, United States Information Agency, 301 Fourth Street, SW., Washington, DC 20547; telephone (202) 619–6972.

**SUPPLEMENTARY INFORMATION:** Section 220 of the Immigration and Nationality Technical Corrections Act of 1994 (Pub. L. 103–416), adopted in the closing days of the 103rd Congress, amended provisions of the Immigration and Nationality Act which deal with the two-year foreign residence requirement affecting foreign medical graduates (also known as “FMG’s” or “international medical graduates”) who were admitted to the United States on the J visa, or who acquired such status after admission to the United States, and who

are required to return to the country of their nationality or last residence upon the completion of their participation in an exchange visitor program.

The Immigration and Naturalization Service may grant a waiver of the two-year home country physical presence requirement upon the favorable recommendation of the Director of the United States Information Agency. Prior to the recent amendment to sections 212 and 214 of the Immigration and Nationality Act, there were three bases upon which an alien who is a graduate of a medical school pursuing a program in graduate medical education or training could seek a waiver of the two-year foreign residence requirement. The first basis was the so-called “interested Government Agency” or “IGA” waiver. Under that basis, the Director of the United States Information Agency could recommend a waiver to INS pursuant to the request of an “interested United States Government agency.” (Immigration and Nationality Act, as amended, section 212(e) (8 U.S.C. 1182(e); 22 CFR 514.44(a) (2) and (c).))

The other bases upon which a J visa foreign medical graduate could seek a waiver of the two-year foreign residence requirement were to apply to the Immigration and Naturalization Service for a waiver on the grounds that the departure of the alien physician from the United States would “impose exceptional hardship upon the alien’s spouse or child (if such spouse or child is a citizen of the United States or lawfully resident alien), or that the alien cannot return to the country of his nationality or last residence because he would be subject to persecution on account of race, religion, or political opinion.” (Immigration and Nationality Act, as amended, section 212(e) (8 U.S.C. 1182(e).) Additionally, all three bases for seeking a waiver required a finding by the Attorney General that the waiver was in the public interest.

The enactment of the Immigration and Nationality Technical Corrections Act of 1994 (Pub. L. 103–416) has now provided an additional basis upon which a foreign medical graduate may seek a waiver of the two-year home residence requirement. Section 220(a) of that Act added a provision that authorizes a State Department of Public Health or its equivalent to request the Director of USIA to recommend that INS grant the waiver. However, in addition, the new law requires that the government of the country to which the foreign medical graduate is otherwise contractually obligated to return must furnish the Director of the United States Information Agency with a statement in writing that it has no objection to such

waiver, and the foreign medical graduate must demonstrate that he or she has a bona fide offer of full-time employment and must agree that he or she will begin employment within 90 days of receiving a waiver, and must agree to continue to work, for a total of not less than three years, at a health care facility in an area designated by the Secretary of Health and Human Services as having a shortage of health care professionals. (Immigration and Nationality Act, as amended, section 214(k)(1) (8 U.S.C. 1184(k)(1).)

Upon the favorable recommendation of the Director of USIA, the Attorney General may grant the waiver. The Attorney General may also change the foreign medical graduate's nonimmigrant status from J-1 to H-1B if the alien meets the requirements under section 248 of the Immigration and Nationality Act (8 U.S.C. 1258). If the foreign medical graduate obtains a waiver under Public Law 103-416 and thereafter fails to fulfill the terms of his or her employment contract with the health care facility named in the waiver application, then he or she again becomes subject to the two-year foreign residence requirement and is ineligible to apply for an immigrant visa, permanent residence, or any other change of nonimmigrant status until the two-year foreign residence requirement has been met. (Immigration and Nationality Act, section 214(k)(2) (A) and (B)). Each State is allotted no more than twenty such waivers each fiscal year. The federal fiscal year commences on October 1 and ends the following September 30. The term "State" includes the District of Columbia, Puerto Rico, Guam and the Virgin Islands of the United States.

The role of the United States Information Agency under the recent amendments to sections 212(e) and 214 of the Immigration and Nationality Act is limited. Under the amendment to section 212(e), the Commissioner of the Immigration and Naturalization Service will now look to the Director of USIA for a recommendation on foreign medical graduate waiver cases brought "pursuant to the request of a State Department of Public Health, or its equivalent." Section 212(e) was also amended by adding language that makes it clear that waivers requested by a State Department of Public Health, or its equivalent, shall be subject to the requirements of the new section 214(k).

Under new section 214(k)(1)(A), the Attorney General will not grant the waiver unless the country to which the foreign medical graduate is otherwise contractually obligated to return furnishes the Director of USIA with a

statement in writing that it has no objection to such waiver.

Reading amended section 212(e) and new section 214(k) together, the Agency views its role in implementing the statute as including the following: (1) It is to be the recipient of State Department of Public Health applications for waivers for foreign medical graduates who will practice medicine in a geographic area or areas which are designated by the Secretary of Health and Human Services as having a shortage of health care professionals; (2) it is to be the recipient of "no objection" letters from the country to which the applicant is contractually obligated to return; and, (3) it is to review the applications and, where required, no objection letters, determine whether they meet the requirements of the two statutory sections, review the program, policy, and foreign relations aspects of the case, and make a recommendation to the Commissioner of the Immigration and Naturalization Service as to whether the waiver should be granted. The Agency has no statutory role or responsibility with respect to ensuring that the foreign medical graduate has the proper medical credentials or with respect to the foreign medical graduate's eligibility for change of nonimmigrant status or work authorization.

Current regulations regarding requests for waiver made by an interested United States Government agency require the requesting agency to determine that the granting of the waiver would be in the public interest. 22 CFR 514.44(c). This Agency then reviews the program, policy, and foreign relations aspects of the case and forwards its recommendation to the Commissioner. 22 CFR 514.44(c). The Agency intends to follow the same practices with respect to requests for waivers made under the recently amended section 212(e) and the new section 214(k) of the Immigration and Nationality Act.

The Agency received thirteen letters of comment on the Interim Final Rule. (See Appendix A for list of commenters.) The overwhelming majority of those letters dealt with two issues: (1) Whether the statute required a no objection letter in all cases; and, (2) how is the applicant to determine whether the geographic area in which the foreign medical graduate is to be employed has a "shortage of health care professionals." All of the comment letters were fully considered.

With respect to the no objection letters, the Agency notes that the new section 214(k)(1)(A) refers to "an alien who is otherwise contractually obligated to return to a foreign country." (emphasis added.) The phrase

"otherwise contractually obligated" is not defined in the statute and there is no legislative history preceding the enactment of the statute which would indicate the specific intent of Congress in using that terminology. Having reviewed the comment letters, the Agency now deems the language "otherwise contractually obligated \* \* \*" to refer only to those cases where the foreign medical graduate's medical education or training is funded by the government of the graduate's home country. It is the Agency's experience that where a foreign government funds the graduate medical education or training abroad of one of its nationals, it also contractually obligates the foreign medical graduate to return to the home country at the conclusion of the graduate medical education or training.

Thus, the Final Rule requires the applicant to furnish the Agency with a no objection letter from the home country only in those instances where the foreign medical graduate's medical education or training is funded by his or her home country's government. Whether or not there is foreign government funding can be determined by examining the face of the foreign medical graduate's Form IAP-66. Where there has been no funding from the government of the home country, there is no requirement that a no objection letter be furnished to the Agency.

The new statutory provision (Sec. 220 of Public Law 103-416) gives this Agency no role in designating a geographic area or areas as having a shortage of health care professionals. Such designations are made by the Secretary of Health and Human Services. The Secretary of Health and Human Services has advised that applicants for waivers under section 220 of Public Law 103-416 should look to the Department's listings of Designated Primary Care Health Professional Shortage Areas ("HPSAs") and Medically Underserved Areas/Medically Underserved Populations ("MUAs/MUPs") in order to determine whether the geographic area or areas in which the foreign medical graduate will be employed has a "shortage of health care professionals" within the meaning of the statute. (See Notice dated September 19, 1995 at 60 FR 48515.) The HPSA listing was last published in the Federal Register on January 21, 1994 (59 FR 3412). A copy of the current MUA/MUP may be obtained from the Division of Shortage Designation, Bureau of Primary Health Care, Department of Health and Human Services, 4350 East-West Highway, Room 9-1D-1, Bethesda, Maryland 20814; Phone (301) 594-0816.

Section 220 of Pub. L. 103-416 also contains the term "health care facility," but does not define that term. At least two commenters suggested that the Agency explain what it means by that term. For purposes of this regulation, the Agency deems the Department of Health and Human Services' definition of "medical facility" to be synonymous with "health care facility." See 42 CFR 5.2.

Two commenters recommended that the Agency require that the foreign medical graduate provide health care to Medicaid and Medicare beneficiaries. Section 220 of Public Law 103-416 contains no such requirement. The Agency does not believe that it has the authority to impose such a requirement.

One commenter expressed concern that the Interim Final Rule did not address state physician licensure as a component of this waiver program and suggested that the Agency adopt credentialing standards and procedures as a guide to the states in their screening and selecting of applicants. The Agency believes that licensure is a matter of state regulation and that the Agency has no authority under section 220 of Public Law 103-416 to impose licensure requirements.

#### The No Objection Letter—Procedures and Format

Current regulations set forth the procedure for obtaining "no objection" letters from the home country and the manner in which such letters are to be sent to the Agency. 22 CFR 514.44(d). With one exception, this final rulemaking provides for the same procedures to be followed with respect to applications for waivers under Public Law 103-416. In order to avoid confusion with other applications for waivers based on no objection from the home country (hitherto unavailable to foreign medical graduates), when required, the no objection letter submitted under Public Law 103-416 should note clearly that the request for the no objection letter was made pursuant to Public Law 103-416. The Agency does not require that a no objection letter be of or on a particular form. The following or similar language will suffice: "Pursuant to Public Law 103-416, the Government of \_\_\_\_\_ has no objection if (name and address of foreign medical graduate) does not return to \_\_\_\_\_ to satisfy the two-year foreign residency requirement of Section 212(e) of the Immigration and Nationality Act."

#### The Application Package

The application for waiver of the two-year home country residence requirement under the provisions of Public Law 103-416 is to originate in the designated State Department of Public Health. USIA is not planning to develop any new forms for such application. However the application is to include the following: (1) A letter from the designated official in the State Department of Public Health which identifies the foreign medical graduate and states, if so determined, that it is in the public interest that a waiver of the two-year home residence requirement be granted. (Note: See Appendix B hereto for a list of State Departments of Public Health which, as of the date of this Final Rule, have advised the Agency that they intend to participate in this waiver program); (2) an employment contract between the alien and the health care facility, which includes the name and address of the foreign medical graduate and of the employer and the specific geographic area or areas in which the foreign medical graduate will practice medicine. The employment contract shall include a statement by the foreign medical graduate agreeing to the contractual requirements set forth in section 214(k)(1) (B) and (C) of the Immigration and Nationality Act. The term of the employment contract shall be at least three years; (3) evidence that the area or areas of employment stipulated in the employment contract are in a geographic area or areas designated by the Secretary of Health and Human Services as having a shortage of health care professionals; (4) copies of all forms IAP-66 issued to the foreign medical graduate seeking the waiver; (5) a completed data sheet, copies of which will be made available by the Agency to each State Department of Public Health; and (6) because of the numerical limitations on the approval of waivers under Public Law 103-416 each application from a State Department of Public Health shall be numbered sequentially. Should USIA not grant a favorable recommendation on a given application, the State Department of Public Health will be so notified and will be advised that the number may be used on another application.

If a State Department of Public Health files in excess of twenty applications during one fiscal year, the Agency will give priority to the first twenty sequentially numbered applications.

#### Application Period Under Public Law 103-416

Section 220(c) of Public Law 103-416 states that "The amendments made by this section shall apply to aliens admitted to the United States under section 101(a)(15)(J) of the Immigration and Nationality Act, or acquiring such status after admission to the United States, before, on, or after the date of enactment of this Act and before June 1, 1996." The Agency believes that the date of June 1, 1996 applies to the status of the foreign medical graduate on that date and not to the new waiver program itself. In other words, if the foreign medical graduate was admitted to the United States on a J visa or acquired a J visa prior to June 1, 1996 in order to pursue graduate medical education or training, he or she would be eligible to apply for a waiver under the provisions of Public Law 103-416 at any time in the future.

#### Regulatory Analysis and Notices

In accordance with 5 U.S.C. 605(b), the Agency certifies that this rule does not have a significant adverse economic impact on a substantial number of small entities. This rule is not considered to be a major rule within the meaning of section 1(b) of Executive Order 12291, nor does this rule have Federalism implications warranting the preparation of a Federalism Assessment in accordance with Executive Order 12612.

The information collection requirements contained in this rule have been presented to the Office of Management and Budget for clearance pursuant to the provisions of the Paperwork Reduction Act.

Dated: October 4, 1995.

Les Jin,  
General Counsel.

#### List of Subjects in 22 CFR Part 514

Cultural exchange programs, Reporting and recordkeeping requirements.

The interim rule published at 60 FR 16785, April 3, 1995, amending 22 CFR part 514, § 514.44, is adopted as final with the following changes.

1. The authority citation for part 514 continues to read as follows:

#### PART 154—[AMENDED]

Authority: 8 U.S.C. 1101(a)(15)(J), 1182, 1184, 1258; 22 U.S.C. 1431-1442, 2451-2460; Reorganization Plan No. 2 of 1977, 3 CFR, 1977 Comp. p. 200; E.O. 12048 of 3/27/78, 3 CFR, 1978 Comp. p. 168.

#### § 514.44 [Revised]

2. Section 514.44(e) is revised to read as follows:

(e) *Requests for waiver from a State Department of Public Health, or its equivalent, on the basis of Public Law 103-416.* (1) Pursuant to Public Law 103-416, in the case of an alien who is a graduate of a medical school pursuing a program in graduate medical education or training, a request for a waiver of the two-year home-country physical presence requirement may be made by a State Department of Public Health, or its equivalent. Such waiver shall be subject to the requirements of section 214(k) of the Immigration and Nationality Act (8 U.S.C. 1184(k)) and this § 514.44.

(2) With respect to such waiver under Public Law 103-416, if such alien is contractually obligated to return to his or her home country upon completion of the graduate medical education or training, the Director of the United States Information Agency is to be furnished with a statement in writing that the country to which such alien is required to return has no objection to such waiver. The no objection statement shall be furnished to the Director in the manner and form set forth in paragraph (d) of this section and, additionally, shall bear a notation that it is being furnished pursuant to Public Law 103-416.

(3) The State Department of Public Health, or equivalent agency, shall include in the waiver application the following:

(i) A completed "Data Sheet." Copies of blank data sheets may be obtained from the Agency's Exchange Visitor Program office.

(ii) A letter from the Director of the designated State Department of Public Health, or its equivalent, which identifies the foreign medical graduate by name, country of nationality or last residence, and date of birth, and states that it is in the public interest that a waiver of the two-year home residence requirement be granted;

(iii) An employment contract between the foreign medical graduate and the health care facility named in the waiver application, to include the name and address of the health care facility, and the specific geographical area or areas in which the foreign medical graduate will practice medicine. The employment contract shall include a statement by the foreign medical graduate that he or she agrees to meet the requirements set forth in section 214(k) of the Immigration and Nationality Act. The term of the employment contract shall be at least three years and the geographical areas of employment shall only be in areas, within the respective state, designated by the Secretary of Health and Human

Services as having a shortage of health care professionals;

(iv) Evidence establishing that the geographic area or areas in the state in which the foreign medical graduate will practice medicine are areas which have been designated by the Secretary of Health and Human Services as having a shortage of health care professionals. For purposes of this paragraph, the geographic area or areas must be designated by the Department of Health and Human Services as a Health Professional Shortage Area ("HPSA") or as a Medically Underserved Area/Medically Underserved Population ("MUA/MUP").

(v) Copies of all forms IAP-66 issued to the foreign medical graduate seeking the waiver;

(vi) A copy of the foreign medical graduate's *curriculum vitae*;

(vii) If the foreign medical graduate is otherwise contractually required to return to his or her home country at the conclusion of the graduate medical education or training, a copy of the statement of no objection from the foreign medical graduate's country of nationality or last residence; and,

(viii) Because of the numerical limitations on the approval of waivers under Public Law 103-416, *i.e.*, no more than twenty waivers for each State each fiscal year, each application from a State Department of Public Health, or its equivalent, shall be numbered sequentially, beginning on October 1 of each year.

(4) The Agency's Waiver Review Branch shall review the program, policy, and foreign relations aspects of the case and forward its recommendation to the Commissioner. Except as set forth in § 514.44(g)(4)(i), the recommendation of the Waiver Review Branch shall constitute the recommendation of the Agency.

\* \* \* \* \*

#### Appendix A to the Preamble

Comments were received from the following individuals and organizations:  
 Department of Health, State of Alabama  
 Illinois Department of Public Health  
 Indiana State Department of Health  
 Mezzullo & McCandlish, Attorneys at Law  
 Palmer & Dodge, Attorneys at Law  
 Department of Health and Mental Hygiene, State of Maryland  
 Office of Rural Health Policy, Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services  
 South Carolina Department of Health and Environmental Control  
 Oklahoma State Department of Health  
 Center for Rural Health, University of Kentucky  
 The Federation of State Medical Boards of the United States, Inc.

Center for Rural Health, School of Medicine, University of North Dakota  
 Hon. Kent Conrad, United States Senator

#### Appendix B to the Preamble

State Public Health Departments  
 Participating in the Pub. L. 103-416 Waiver Program, as of date of publication of Final Rule:

#### Alabama

Donald E. Williamson, M.D., State Health Officer, Alabama Department of Public Health, 434 Monroe Street, Montgomery, AL 36130-3017

#### Arizona

Mr. Phil Lopez, Office Chief, Office of Health Planning, Evaluation and Statistics, Arizona Department of Health Services, 1740 West Adams, Room 312, Phoenix, AZ 85007

Signature must be from: Jack Dillenberg, D.D.S., M.P.H.

#### Arkansas

Charles McGrew, Director, Section of Health Facility Services and Systems, Arkansas Department of Health, 4815 W. Markham, Slot 39, Little Rock, AR 72205

#### Delaware

Ms. Jane Rhoe-Jones, Office of Rural Health, Division of Public Health, P.O. Box 637, Dover, DE 19903

#### Florida

Richard G. Hunter, Ph.D., Department of Health and Rehabilitative Services, State Health Office, 1317 Winewood Boulevard, Tallahassee, FL 32399-0700

#### Georgia

Ms. Rita Salain, Director, Office of Rural Health and Primary Care, 2 Peachtree Street, 6th Floor Annex, Atlanta, GA 30303

#### Hawaii

Mr. William H. Dendle, III, Office of Planning, Policy and Program Development, 1250 Punchbowl Street, Room 340, Honolulu, HI 96813

Signature must be from: Jeanette Takamura, Ph.D., Deputy Director, Hawaii State Health Department of Health.

#### Illinois

John R. Lumpkin, M.D., Director of Public Health, Illinois Department of Public Health, 535 West Jefferson Street, Springfield, IL 62761

Contact person: Ms. Mary Catherine Ring, Chief, Center for Rural Health (use same mailing address as for the Director listed above).

#### Indiana

Keith Main, Ed.D., Office of Policy and Research, Indiana State Department of Health, 1330 West Michigan Street, P.O. Box 1964, Indianapolis, IN 46206-1964

#### Kentucky

Ms. Danise Newton, Manager, Primary Care Branch, Department for Health Services, 275 East Main Street, Frankfort, KY 40621.

## Maine

Kevin W. Concannon, Commissioner,  
Department of Human Services, #11 State  
House Station, Augusta, ME 04333-0011  
Contact Person: Sophie Glidden, Director,  
Office of Primary Health Care, Department of  
Human Services, #11 State House Station,  
Augusta, ME 04333-0011.

## Massachusetts

Ms. Sally Fogarty, Department of Public  
Health, 150 Tremont Street, Boston, MA  
02111  
Applications must be signed by: Mr. David  
H. Mulligan, Commissioner of Public Health  
(address is the same as Sally Fogarty).

## Michigan

Ms. Vernice Davis Anthony, Director,  
Michigan Department of Public Health,  
3423 N. Martin Luther King Jr. Blvd., P.O.  
Box 30195, Lansing, MI 48909

## Minnesota

Ms. Chari Konerza, Director, Minnesota  
Office of Rural Health and Primary Care,  
P.O. Box 64975, St. Paul, MN 55164

## Mississippi

Mr. Harold Armstrong, State Department of  
Health, P.O. Box 1700, Jackson, MS 39215-  
1700

## Missouri

Coleen Kivlahan, M.D., M.S.P.H., Director,  
Missouri Department of Health, P.O. Box  
570, Jefferson City, MO 65102  
Contact: Mr. Alan Welles (at same address)  
may also sign applications).

## Montana

Mr. Robert J. Robinson, Director, Department  
of Health and Environmental Sciences,  
Cogswell Building, P.O. Box 200901,  
Helena, MT 59620-0901

## Nebraska

Mark B. Horton, M.D., M.S.P.H., Director,  
Nebraska Department of Health, 301  
Centennial Mall South, P.O. Box 95007,  
Lincoln, NE 68509-5007

## Nevada

Donald S. Kwalick, M.D., MPH, State Health  
Officer, Nevada State Health Division, 505  
E. King Street, Room 201, Carson City, NV  
89701

## New Mexico

J. Alex Valdez, Secretary, State of New  
Mexico, Department of Health, 1190 St.  
Francis Drive, P.O. Box 261110, Sante Fe,  
NM 8750-6110

## New York

Ms. Karen Schimke, Executive Deputy  
Commissioner, New York State Department  
of Health, Empire State Plaza, Corning  
Tower, Albany, NY 12237

Contact person: Edward Salsberg, Director  
of the Bureau of Health Resources  
Development.

## North Carolina

Mr. James D. Bernstein, Director, North  
Carolina Office of Rural Health and

Resource Development, 311 Ashe Avenue,  
Raleigh, NC 27606

## North Dakota

Jon R. Rice, M.D., State Health Officer, State  
Department of Health and Consolidated  
Laboratories, 600 East Boulevard Avenue,  
Bismarck, ND 58505-0200

## Oklahoma

Robert D. Vincent, Ph.D., Deputy  
Commissioner, Health Promotion and  
Policy Analysis, 1000 NE 10th Street,  
Oklahoma City, OK 73117-1299

## Rhode Island

Patricia Nolan, M.D., M.P.H., Director, Rhode  
Island Department of Health, Cannon  
Building, 3 Capitol Hill, Providence, RI  
02908-5097

## South Carolina

Mr. Mark Jordan, Director, Office of Primary  
Care, Department of Health and  
Environmental Control, 2600 Bull Street,  
Columbia, SC 29201

## South Dakota

Ms. Barbara A. Smith, Secretary, South  
Dakota Department of Health, 445 East  
Capitol Avenue, Pierre, SD 57501-3185

## Tennessee

Dr. Fredia Wadley, Commissioner, Tennessee  
Department of Health, 9th Floor, Tennessee  
Tower, 312 8th Avenue North, Nashville,  
TN 37247-0101

## Texas

Dr. David Smith, Commissioner of Health,  
Texas Department of Health, 1100 West  
49th Street, Austin, TX 78756-3199

## Vermont

Jan K. Carney, M.D., M.P.H., Commissioner,  
Vermont Department of Health, 108 Cherry  
Street, P.O. Box 70, Burlington, VT 05402

## Washington

Mr. Verne A. Gibbs, Director, Washington  
State Department of Health, Community  
and Rural Health, P.O. Box 47834,  
Olympia, WA 98504-7834

## West Virginia

Ms. Gretchen O. Lewis, Secretary (Signator),  
Department of Health and Human  
Resources, Building 3, Room 206, State  
Capitol Complex, Charleston, WV 25305  
Applications to go to following for review:  
Linda Atkins, Director, Health Professions  
Recruitment Program, 1411 Virginia Street,  
East, Charleston, WV 25301.

## Wisconsin

John D. Chapin, Interim Administrator,  
Wisconsin Division of Health, P.O. Box 309,  
Madison, WI 53701-0309

[FR Doc. 95-25224 Filed 10-11-95; 8:45 am]

BILLING CODE 8230-01-M

## DEPARTMENT OF THE TREASURY

## Internal Revenue Service

## 26 CFR Parts 1 and 602

[TD 8623]

RIN 1545-AS27

## Substantiation Requirement for Certain Contributions

**AGENCY:** Internal Revenue Service (IRS),  
Treasury.

**ACTION:** Final and temporary  
regulations.

**SUMMARY:** This document contains final  
regulations that provide guidance  
regarding the substantiation  
requirements for charitable  
contributions of \$250 or more contained  
in section 170(f)(8) of the Internal  
Revenue Code. The guidance contained  
in these final regulations will affect  
organizations described in section  
170(c) and individuals and entities that  
make payments to those organizations.  
**EFFECTIVE DATE:** January 1, 1994.

**FOR FURTHER INFORMATION CONTACT:**  
Jefferson K. Fox, 202-622-4930 (not a  
toll-free call).

## SUPPLEMENTARY INFORMATION:

## Paperwork Reduction Act

The collection of information  
contained in these final regulations has  
been reviewed and approved by the  
Office of Management and Budget in  
accordance with the Paperwork  
Reduction Act (44 U.S.C. 3504(h)) under  
control number 1545-1431. Responses  
to this collection of information are  
required to substantiate deductions  
under section 170 of the Internal  
Revenue Code for certain charitable  
contributions. An agency may not  
conduct or sponsor, and a person is not  
required to respond to, a collection of  
information unless the collection  
displays a valid control number.

The estimated burden per  
recordkeeper varies from 15 minutes to  
30 minutes, depending on individual  
circumstances, with an estimated  
average of 25 minutes.

Comments concerning the accuracy of  
this burden estimate and suggestions for  
reducing this burden should be sent to  
the Internal Revenue Service, Attention:  
IRS Reports Clearance Officer, PC:FP,  
Washington, DC 20224, and to the  
Office of Management and Budget, Attn:  
Desk Officer for the Department of the  
Treasury, Office of Information and  
Regulatory Affairs, Washington DC  
20503.

Books or records relating to this  
collection of information must be